



02-09-01

1632\$

RECEIVED
FEB 15 2001
TECH CENTER
PTO/SB/69 (6-98)
OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEPlease type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/328,975	
	Filing Date	June 9, 1999	
	First Named Inventor	Wolff	
	Group Art Unit	1632	
	Examiner Name	Schnizer	
Total Number of Pages in This Submission	9	Attorney Docket Number	Mirus.009.01

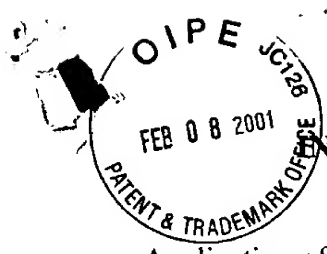
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark K. Johnson
Signature	
Date	February 8, 2001

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as <u>express mail in an</u> envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>February 8, 2001</u>	
Typed or printed name	Mark K. Johnson
Signature	
Date	February 8, 2001

+

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2900

RECEIVED
FEB 15 2001

H8 Q
2-16-01
P.2

Application of: Jon A. Wolff,)
Vladimir S. Trubetskoy,)
Sean D. Monahan, James E. Hagstrom,)
Paul M. Slattum, Vladimir G. Budker,)
Aaron G. Loomis)

Serial No.: 09/328,975)

Filed: 6/9/99)

Group Art Unit: 1632)

Examiner: Richard Schnizer

For: Charge Reversal of Polyion Complexes

AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Dear Sir:

This Amendment responds to the Office Action dated December 6, 2000. Kindly amend the application as follows:

In the Specification:

On Page 26, line 34, **DELETE** -- dextran sulfate (DS) -- and **SUBSTITUTE** -- -- polyacrylic acid -- --

On Page 26, line 34, **DELETE** -- DS -- and **SUBSTITUTE** -- -- polyacrylic acid -- --

On Page 27, line 1, **DELETE** -- dextran sulfate -- and **SUBSTITUTE** -- -- polyacrylic acid -- --

On Page 27, line 11, **DELETE** -- PAA -- and **SUBSTITUTE** -- -- polyacrylic acid -- --

On Page 27, Table 1, **DELETE** -- PAA -- and **SUBSTITUTE** -- -- polyacrylic acid -- --

In the Claims:

Please cancel claims 9 and 11 and amend claims 1, 5, 8, 12, and 15, as follows: